

WASHINGTON STATE PATROL FIRE PROTECTION BUREAU
OFFICE OF THE STATE FIRE MARSHAL

FIREWORKS DISPLAY REPORT

<u>Display Date</u>	<u>Display City</u>	<u>Display County</u>	<u>Date Received</u> <i>For Official Use</i>
<u>Display Pyrotechnic Operator</u>	<u>Pyrotechnic Company</u>		
<u>License Number</u>	<u>Event Name</u>		
	<u>Physical Address Of Event</u>		

List the name, license number (if applicable), address, and physical age of **ALL** assistants to this display:

<u>Name</u>	<u>License Number</u>	<u>Complete Address</u>	<u>Age</u>

- 1) Any pyrotechnics purchased for the display not fired or otherwise disposed of? Yes ☐ No ☐
Explain: _____
- 2) Any duds or defective shells from this display? Yes ☐ No ☐
Explain: _____
- 3) Any injuries from this display? Yes ☐ No ☐
If yes, provide the name, address, and physical age of each individual injured on the back
- 4) Any fires caused by the fireworks from this display? Yes ☐ No ☐
Explain: _____
- 5) Any violations or irregularities observed during this display? Yes ☐ No ☐
Explain: _____

I herby certify that I conducted the public display listed above and supervised the firing of all pyrotechnics. I have completed this report in its entirety and am submitting it to the Office of the State Fire Marshal within ten (10) days following the display. I understand that failure to do so or misrepresenting/concealing any facts or incidents concerning the display shall constitute grounds for license revocation and/or denial of license renewal.

Pyrotechnic Operator Signature

Date of Signature

Submit this
report to:

Office of the State Fire Marshal
Fireworks Licensing Unit
Post Office Box 42600
Olympia, WA 98504-2600